2018 Quality Payment Program Reporting Requirements Q&A from Live Webinar Session

Wednesday, March 21, 2018

Questions Submitted via the Chat

Q: (Robert Harmon) - What application in the Enterprise Portal do I need access to see the QRUR and 2017 Performance reports?
A: The correct application is PV: Physician Quality and Value Programs. If you were able to access the Quality Payment Program (QPP) portal and view your reporting information in there, I bet you already have access to the correct application. You can log in here to view your QRUR Reports.

Q: (Bobbie Baker Cumpston) - If we are reporting via claims only, do we need any other portal/dashboard for reporting? I have been given different answers to this question and am ready to sign a contract with DataDerm with the AAD, however if I don't need their portal, I won't sign.
A: That decision is completely up to your practice. Here's a link to the Claims Fact Sheet. To my knowledge, there is no portal or dashboard required by CMS for claims submission. In order to provide a better answer to this question, you should reach out to one of our Quality Insights Practice Transformation Specialists in your state. If you need contact information, please email qpp-surs@qualityinsights.org or call 1.877.497.5065 and we will get someone working with you right away.

Q: (Teju Oladinni) - Does the base measure portion of the Advancing Care Information (ACI) performance category require practice management data?
A: The data you report on for the ACI Category should be coming out of your Certified EHR.

Q: (Lannae Ewing) - If we report as a group, will the providers that do not meet the minimum cost or patient numbers be exempt from the group report?
A: If you report as a group, the low volume threshold will be assessed at the group level. So even if a few NPIs in the group may be exempt at an individual level, they will be included in group reporting.

Q: (Lannae Ewing) - Is the TVT considered a clinical data registry?
A: Your description of the TVT Registry qualifies as clinical data registry reporting for the ACI category. You can find a list of approved registries in the CMS Resource Library.

Q: (Lannae Ewing) – How does the Centers for Medicare & Medicaid Services (CMS) determine who is a hospital-based clinician and how do we verify the accuracy of this?
A: Clinicians are hospital-based if they provide 75 percent or more of the services in (1) in an inpatient hospital, (2) in the ER, or (3) in an on-campus outpatient hospital. They determine this based on claims.

Q: (Lannae Ewing) – Will you be posting a MIPS Calculator Tool for 2018? The 2017 MIPS Calculator was a godsend!
A: The organizations that created the 2017 Merit-based Incentive Payment System (MIPS) Calculator are in the process of updating the tool based on 2018 requirements. A new law passed by Congress on February 9, 2018 required further revisions. We will let everyone know when the 2018 calculator is ready.

Q: (Lannae Ewing) – We can also report through the QPP website, correct?
A: The QPP portal is a way that you can upload MIPS data. For quality, you can't just go in there and enter your numerators and denominators; you would actually have to have a specific file type, which they call a (QRDA III file). You should be able to get this file out of your certified electronic health record (HER). You would then upload that file into the QPP Portal. For the ACI category, you have the ability to manually enter your numerators and denominators or you could then export another file out of your EHR and upload it. The same applies for the improvement activities, but for attestation you would check, yes, we've done it, or no, we haven't. So, yes, it is an option to report MIPS Quality data through the QPP portal, but there are different specifications for each category within MIPS.

As far as the report that you would be uploading to the QPP web portal, if you do not have the report in an XML, which is an Excel file, or a JSON file, which is what CMS and the government uses, down at the bottom of the homepage of the QPP website in the left hand corner there is the developer tools option. If you click on that, it will take you to the developer tool section of the QPP website and it has conversion file tools that you can use in which you can convert a file to the appropriate file in order to upload. Just keep that in mind, as well.

Just to clarify for each of the different categories, whether its quality measures, or the advancing care information, or improvement activities. You can actually submit the data for each category a different way. Each category has to be the same, but you could submit your quality measures using a registry, or your EHR, and then you could use the QPP portal for ACI, which would be no cost to you to go ahead and manually enter those numerators, and denominators, and then go ahead, and manually attest to which improvement activities you did. Once again, if you want a registry to report all of them, you have that option, too. There are different options available to you.

Q: (Christine Moran) – What recommendations do you have for a practice that does not have an EHR but wants to report data for the ACI category?
A: For MIPS, you do not have to have an EHR. You can report for the other categories (Quality and/or Improvement Activities). CMS did create a hardship exception for small practices where they would be able to ask for a reweighting of the advancing care information category, because they do not have a

certified EHR, so I'm not sure if you qualify for that. If your practice has 15 or fewer clinicians you would have the possibility of applying for that. If it is granted, then your ACI category would be reweighted to the quality category. It is my understanding that CMS would allow that hardship application for not having any EHR for five years, but at this point we don't know that it would be extended beyond that.

In addition, even if you don't have an EHR, you can still report quality as an individual via claims or use a registry, and you can absolutely do your improvement activities and the cost category. Without an EHR the ACI category would be the only category that you couldn't perform in. You can use your claims for Quality submission for individuals or registry for group or individual.

Q: (Christine Wismer): What algorithm/mapping does CMS use to turn a quality measure score (using MIPS benchmark) into the star rating of 1 to 5 on Physician Compare sites? For example, if MIPS quality measure scores a 5 out of 10 does this always map into a star rating of 3 (average)?
A: Quality Insights does not know what algorithms CMS uses for Physician Compare. It is our understanding that the total MIPS score and measure rates will be displayed.

Q: (Christine Wismer): I heard that CMS will display the star ratings on the Physician Compare website for some quality measures. Can you suggest a resource/source that would describe this quality measure score mapping to star rating? No organization wants a star rating of less than average.
A: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/physician-compare-initiative/Downloads/PC-Benchmark-Star-Ratings.pdf

Q: (Christine Wismer): For eligible clinicians (ECs) that qualify for automatic reweighting of ACI, you don't have to do anything, correct?
A: Previously, any EC without certified EHR technology (CEHRT) could receive reweighting of the ACI performance category, but as of October 1, 2017, ECs will have to prove that their reasons for not having CEHRT are good enough to receive a hardship exception. This exception allows eligible ECs that meet the hardship specifications to participate in the QPP and not receive a negative four percent payment adjustment. The deadline to apply for a hardship exception is March 31, 2018. Just because an EC does not have CEHRT does not mean they qualify for the reweighting. There are specific reasons that will need to be cited by the EC to receive the reweighting as specified by CMS.

ECs may also qualify for reweighting if classified as a special status MIPS eligible clinician. Special status clinicians in 2017 include hospital-based MIPS-eligible clinicians, physician assistants, nurse practitioners, clinical nurse specialists, certified RN anesthetists, and non-patient facing clinicians. Applications for reweighting can be completed and submitted online. In addition, the QPP service center is offering eligible clinicians an opportunity to submit an application verbally. Special status clinicians do not need to submit an application and will automatically be reweighted. Applications will need to be reviewed and will result in approval or dismissal.

Applications for the QPP Hardship Exception can be completed online through the QPP website or they can apply verbally by calling the QPP Service Center at **1.866.288.8292**.

Q: (Dena Bevins): I am a new Quality Coordinator at my clinic and have a few questions. Are all clinics required to report for MIPS? Is it mandatory or optional? And are we reporting for individual providers or the clinic as a whole?

A: The first thing I want to point out is that every year CMS will determine who is MIPS-eligible for the current reporting program. For 2018, which began on January 1st, CMS has not released that list of clinicians, yet. However, we know for a fact that the list will be available very, very soon. We have been informed that we should be getting access to that list by the end of next week, which will be the end of March, and then CMS is hoping to update the MIPS Lookup Tool on the QPP website in early April. To answer the question, at this point no one is really aware of who has to participate for 2018 because that information has not yet been released. The first step I would take is wait until that MIPS Lookup Tool is released and then look up the NPI numbers for all of the clinicians in your practice to find out whether they need to report, either individually or as a group. If you want to report them individually, you can do that. Your second option is to go ahead and do group reporting, and then there's also an option that started this year where you could join a virtual group.

However, actually that won't be applicable for you, because you had to have applied for that prior to the end of last year. You can determine whether you want to go ahead and aggregate all of your data together for all the clinicians, or submit it individually. Either option comes with pros and cons. We can certainly take a look at that with you and review the options to determine which way to go based on the specifics in your practice.

Q: (Vicki Parikh): How do we know if the Cost category will be re-weighted or not? Is there any way to know before hand?

A: The cost category is a full year. I don't think that you would know until after December 31, 2018 whether or not the category can be re-weighted. I am not aware of practices being notified of their exemption from this category. I am not sure if maybe CMS will offer something like the portal that they did for claims submission in the 2017 year end or if you will find out when the feedback reports come out. Hopefully CMS will provide more guidance on this as the year progresses. For the cost category, you have the two measures; if they can score one measure, that will be your performance score, but if they can score neither, then they would in fact reweight that to the quality category. Again, it is possible because it's a full performance year, you won't know if you met the case minimums until after the year has already completed.

Q: (Vicki Parikh): If we reported on a topped-out measure in 2017 and were planning on continuing for 2018, would you suggest we select a different measure instead to maximize the point potential? Or just add an additional measure to help make up the max point difference?

A: That is a decision you will have to make on your own. Knowing that for topped-out measures the maximum score you can get is seven points, instead of the 10, but if you report another measure, once again CMS is only going to score the top six, so if you want to report another measure, and you think you can score higher than a seven. Then by all means you probably should do that, but that will be something you'll have to discuss internally. Also, please reach out to us, and work with your practice

transformation specialist, and maybe they can provide you with better guidance once we have a clearer picture of what the other quality measure scores would be.

Q: When will hardship exemption applications for ACI be available for 2018?
A: As of right now, we do not know. We will certainly notify you as soon as CMS makes them available. We do know that the deadline will be December 31, 2018. I know sometimes in the past with different programs the application deadline was sometime in the summer (June or July) and this year it will be through the end of the year. There will be plenty of time to do that, but once again as soon as we find out we will definitely inform you of that, also.

Q: How do you define complex patients?
A: It is based on the HCC coding model.

Q: Will ECs who are part of the CPC-Plus Program be required to report MIPS for performance year 2018?
A: Yes. The final rule for 2018 includes provisions to make it easier for eligible clinicians to participate in select APMs (known as Advanced APMs), which may allow them to qualify for incentive payments. Specific policies include:

- Extending the eight percent generally applicable revenue-based nominal amount standard that allows APMs to qualify as Advanced APM for two additional years, through performance year 2020.
- Exempting Round 1 Comprehensive Primary Care Plus (CPC+) participants certain currently participating clinicians from the 50 clinician limit on organizations that can earn incentive payments by participating in medical home models.
- Changing the requirement for Medical Home Models so that the minimum required amount of total financial risk increases more slowly.
- Making it easier for clinicians to qualify for incentive payments by participating in Advanced APMs that begin or end in the middle of a year.

You can review the CPC+ Electronic Clinical Quality Measure Reporting Overview for the 2018 Measurement Period for more information.

Please Note: *All questions have been answered based on the Quality Insights team's best understanding of the CMS QPP reporting requirements. Please keep in mind that rules and interpretations change over time.*

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